Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD GB 000160 Effective October 1, 2001 **CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN** TYPE ___ OR SMALL ENTITY (Column 1) (Column 2) **TOTAL CLAIMS** RATE FEE RATE FEE OR BASIC FEE BASIC FEE 370.00 740.00 **NUMBER EXTRA FOR NUMBER FILED** TOTAL CHARGEABLE CLAIMS minus 20= X\$18= X\$ 9= OR minus 3 = INDEPENDENT CLAIMS X42 =X84= OR MULTIPLE DEPENDENT CLAIM PRESENT +280= +140= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL **TOTAL** OR **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **PREVIOUSLY AFTER EXTRA** FEE FEE **AMENDMENT** PAID FOR X\$18= Minus X\$ 9= Total OR Independent Minus X84= X42= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT RATE **TIONAL** RATE TIONAL **AFTER PREVIOUSLY EXTRA** FEE FEE PAID FOR **AMENDMENT Total** Minus X\$18= ** X\$ 9= OR Independent Minus X84= X42 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +280= +140= OR TOTAL OR ADDIT. FEE ADDIT. FEE

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
Ā	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

ADDI-ADDI-**TIONAL** RATE TIONAL RATE **FEE** FEE X\$18= X\$ 9= OR X84= X42 =OR +280= +140= OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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AMENDMENT

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AMENDMENT